

Name of Lab: _____ Address: _____
Phone #: _____ City, State, Zip: _____
Fax #: _____

WEEKLY QUALITY CONTROL REPORT
ADOT TRACS NUMBER: _____
LAB PROJECT NUMBER: _____
DATE: _____
REPORT NUMBER: _____

Date: Monday,
Your text here

Date: Tuesday,
Your text here

Date: Wednesday,
Your text here

Date: Thursday,
Your text here

Date: Friday,
Your text here

Corrective Action: *Provide a brief explanation of any corrective action taken. Add documentation, if pertinent, at the end of this report.* ____ Taken ____ Not Applicable

Your text here

Signature: _____
Reviewed by: _____

Send to: **Email:** _____
Email: _____